

Abstracts

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diagnosis. Prevalence comparisons were calculated using z-scores of log odds ratios (Woolf method), and the average cost (for the entire cohort) comparisons were calculated using Satterthwaite t-tests. **RESULTS:** A total of 12,308 employees with insomnia and 36,924 matched controls were analyzed. Results are presented for each comorbid condition as: (% insomnia prevalence: % control prevalence, insomnia costs: control costs). Mental Disorders: Dissociative/Personality Disorders (15.88%:3.32%, \$34:\$6); Affective Disorders (14.54%:2.92%, \$125:\$17); Substance-Related Mental Disorders (2.00%:0.80%, \$7:\$1); Alcohol-Related Mental Disorders (0.89%:0.22%, \$18:\$3); Other Mental Conditions (15.17%:4.27%, \$44:\$11); Other Psychoses (0.24%:0.05%, \$2:\$0). Respiratory System: Asthma (6.24%:3.04%, \$20:\$8); COPD and Bronchiectasis (4.14%:2.23%, \$10:\$5). Nervous System Sense Organs: Headache including Migraine (13.07%:5.16%, \$54:\$16); Dizziness/Vertigo (4.95%:2.35%, \$16:\$8); Hereditary/Degenerative Nervous System Condition (1.09%:0.22%, \$5:\$1); Other Nervous System Disorders (34.20%:5.01%, \$168:\$40). Injury/Poisoning: Sprains and Strains (13.40%:7.52%, \$69:\$31); Fracture-Lower Limb (1.58%:0.95%, \$26:\$8); Fracture-Upper Limb (1.26%:0.71%, \$15:\$7). Other Conditions: Rheumatoid Arthritis (1.31%:0.52%, \$19:\$7); Malaise and Fatigue (15.20%:5.81%, \$14:\$5); Syncope (1.59%:0.72%, \$14:\$5); Chronic Renal Failure (0.50%:0.13%, \$74:\$7); Breast Cancer (1.20%:0.67%, \$112:\$26). Overall, employees in the insomnia cohort had significantly higher prevalence (80.8%) and costs (47.5%) for the 261 conditions compared with the matched controls ($p < 0.05$). **CONCLUSION:** Employees with insomnia have more prevalent comorbid conditions than subjects without insomnia. From an insurer's perspective, this increased burden for insomnia sufferers is also associated with higher costs.

PND17

TREATMENT COSTS ASSOCIATED WITH RESTLESS LEGS SYNDROME IN ITALY

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OBJECTIVES: To analyse hospital outpatient treatment patterns and costs associated with Restless Legs Syndrome (RLS) in Italy before the non-ergot derived dopamine agonist pramipexole was approved in the treatment of RLS. RLS is a common, although largely under-diagnosed, neurological disorder producing negative effects on patients' quality of life. **METHODS:** A retrospective database analysis was conducted using the database of the Sleep Disorders Centre of San Raffaele Hospital in Milan. The database records each patient's sleep disorder, baseline characteristics, drug prescriptions and medical procedures. 2,000 patients included in the database were screened in order to identify patients affected by RLS symptoms and to calculate resource use associated with the treatment of RLS from January 2004 to March 2005. **RESULTS:** In total, 122 patients (6% of all patients in the database) were diagnosed with RLS symptoms and consequently included in the study: mean age was found to be 52 years and 68% were women. All patients received at least three different drug classes over the observation period. The most frequently prescribed treatments were: benzodiazepines (64%), antidepressants (23%) anticonvulsants (4%), NSAIDs (4%) and oxerutines (5%). The total average cost per patient per year was € 289.09, including drug costs (€ 242.79), diagnostic tests (€ 32.67) and physician visits (€ 13.63). **CONCLUSION:** This was the first effort to evaluate hospital outpatient treatment patterns and costs for RLS in Italy. The majority of the annual treatment costs

incurred by RLS patients were associated with currently unlicensed treatment options which can place an additional cost burden on the public health care system while treatment outcomes are limited.

PND18

HEALTH AND NON-HEALTH RESOURCES UTILIZATION AND DERIVED COSTS OF TREATING UNDER ROUTINE MEDICAL PRACTICE REFRACTORY PAIN ASSOCIATED TO TRIGEMINAL NEURALGIA IN PRIMARY CARE SETTING (PCS): A 12-WEEKS LONGITUDINAL POST-HOC ANALYSIS

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OBJECTIVES: To analyze longitudinal health and non-health resources utilization (HRU) and derived costs of treating refractory pain due to Trigeminal Neuralgia in Primary Care Setting (PCS) during 12-weeks under routine medical practice. **METHODS:** Sub-analysis of patients above 18 years, with chronic pain (6-month or more) due to trigeminal neuralgia refractory to, at least, one previous analgesic [previous mean (SD) number of drugs was 2.2 (1.2), with a 36.3% on one-drug only], included in a prospective, naturalistic, 12-weeks two-visit study on refractory peripheral Neuropathic pain. Health resources included all-type medical visits, hospitalizations, complementary test and pharmacological and non-pharmacological therapies. Non-health included wages losses due to loss-work-days equivalents (LWDE = absenteeism days + days working with reduced productivity due to pain). Pain severity was measured by McGill-pain scale. Descriptive statistics and paired-t and non-parametric tests were applied. **RESULTS:** Ninety-one [62.2% women, 57.7 (13.9) years] patients were analyzed: 45% switched to pregabalin as a monotherapy, 37% received pregabalin as add-on therapy, and in 18% previous treatment was replaced by a regimen not including pregabalin. Significant reduction in last-week mean pain severity [-35.0 (23.9) mm, $p < 0.0001$] was accompanied by reductions in quarterly mean LWDE of -23.7 (23.6) days, $p < 0.0001$, average total medical visits per trimester of -5.4 (7.6) visits, $p < 0.0001$ and percentage of most subjects-prescribed complementary test. The extra costs of drugs, due to pregabalin [+€133.5 (115.2), $p < 0.0001$], was off-set by higher significant reductions in all other components of health costs yielding to a greater total, direct and indirect costs reductions: €-1646.2 (1638.6), €-549.6 (1131.8) and €-1096.6 (1173.1), respectively ($p < 0.0001$ in all cases). **CONCLUSION:** A therapy mix of painful trigeminal neuralgia mostly based on pregabalin (82% of cases) was associated with a significant longitudinal reduction in health resources utilization and total costs in the primary care setting under routine medical practice.

PND19

ECONOMIC EVALUATION OF INTERFERON- β IN THE TREATMENT OF PATIENTS WITH A CLINICALLY ISOLATED SYNDROME (CIS)

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OBJECTIVES: Multiple sclerosis (MS) is a chronic progressive irreversible neurological disease. Individuals often experience a